Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **August 1st through 16th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR 2. DATE SUBMITTED Applicant Identifier FEDERAL ASSISTANCE August 8, 2002 1. TYPE OF SUBMISSION: 3. DATE RECEIVED BY STATE State Application Identifier **Application** Preapplication Construction Construction 4. DATE RECEIVED BY FEDERAL AGENCY | Federal Identifier X Non-Construction Non-Construction 5. APPLICANT INFORMATION Legal Name: The Yuba-Sutter Economic Organizational Unit: Non-Profit Public Benefit Development Corporation Address (give city, county, State, and zip code): 501 (c)3 Corporation Name and telephone number of person to be contacted on matters involving this application (give area code) Tim Johnson 1300 Franklin Road Yuba City, CA 95993 (530) 751-8555 Executive Director 6. EMPLOYER IDENTIFICATION NUMBER (EIN): 7. TYPE OF APPLICANT: (enter appropriate letter in box) 6 8 -0 3 4 2 1 4 5 N A. State H. Independent School Dist. B. TYPE OF APPLICATION: B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University Revision X New Continuation D. Township K. Indian Tribe If Revision, enter appropriate letter(s) in box(es) E. Interstate L. Individual F. Intermunicipal M. Profit Organization A. Increase Award B. Decrease Award C. Increase Duration G. Special District N. Other (Specify) Economic D. Decrease Duration Other(specify): Development District 9. NAME OF FEDERAL AGENCY: US Dept. of Commerce Economic Development Administration 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Economic Development Section 203 Planning Assistance Grant TITLE: Support for Planning Organizations

10=01-02-09-3	0-03 District 2 & 3		District 2 & 3
15. ESTIMATED FUNDIN			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE
			ORDER 12372 PROCESS?
a. Federal	\$ 50,000	,oo	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE
b. Applicant	\$ 50,000	.00	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
c. State	\$,00	DATE 08-08-02
d. Local	\$	DG	b. No. PROGRAM IS NOT COVERED BY E. O. 12372
e. Other	\$.	, co	OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
f. Program Income	\$,00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL	\$ 100,000	·°°	Yes If "Yes," attach an explanation.
18. TO THE BEST OF MY	KNOWLEDGE AND BELIEF, ALL DA	TA IN THIS APP	ICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE

District #2 Wally Herger and District #3 Doug Ose

DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE

ATTACHED ASSURANCES IF THE ASSISTANCE	CE IS AWARDED.			J. 11,711,711,2
Type Name of Authorized Representative	b. Title Execut:	ive Director	c. Telephone Number (530) 751-85	55
Signature of Authorized Representative		en WE In	e. Date Signed	102
revious Edition Usable uthorized for Logal Reproduction	DE G	2002		rm 424 (Rev. 7-97) y OMB Circular A-102

STATE CLEARING HOUSE

7

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

a. Applicant

13. PROPOSED PROJECT

Ending Date

Start Date

d

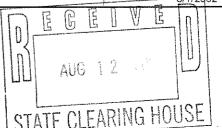
14. CONGRESSIONAL DISTRICTS OF:

APPLICATION FEDERAL A		E	2. DATE SUBMITTED 8/6/02	Applicant Identifier		
1. TYPE OF SUBMISSI	ION	Preapplication	3. DATE RECEIVED BY STATE	State Application Identifier		
☐ Construction ■ Non-Construction	· · · · · · · · · · · · · · · · ·		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier		
5. APPLICANT INFOR	MATION					
Legal Name: California	Air Resources Board		Organizational Unit: Administrative Services Division			
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812			Name and telephone number of the person to be contacted on matters involving this application (give area code) Valinda Debbs, Administrative Lynn Terry, Program (916) 322-2739			
6. EMPLOYER IDENTI 68-0288069	IFICATION (EIN):		A. State H. Independent S B. County i. State Controlle	A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University		
8. TYPE OF APPLICAT New If Revision, enter appropriate A. Increase A. C. Increase I	Continuation XX Friate letter(s) in box(es): Award B. Decrease	□ A □ e Award	E. Interstate L. Individual F. Intermunicipal M. Profit Organi	zation y):		
Other Specify	<i>T</i> :		NAME OF FEDERAL AGENCY: Environmental Protection Agency			
10. CATALOG OF FED			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJE	ECT:		
	ANCE NUMBER: 66.0 Pollution Control Progra		Program for the control of air pollution emissions as mandated by state and federal law, review of local and regional air pollution control efforts, and other functions appropriate to achieve air quality standards.			
	12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California		EGEIVE LANGE			
13. PROPOSED PROJEC	T:	14. CONGRESSIONAL DISTRICT OF:				
Start Date	End Date	a. Applicant:	STATE CLEADING HOUSE	b Project		
10/1/01	9/30/02	03	STATE CLEARING HOUS	Statewide		
15. Estimated Funding:			16. IS APPLICATION SUBJECT TO REVIEW	BY STATE EXECUTIVE ORDER		
a. Federal		\$ 7,905,276.00	12372 PROCESS? a. X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE Signature date b. NO.			
b. Applicant		\$ 20,515,127.00				
c. State		\$				
d. Local		S				
e. Other \$		PROGRAM IS NOT COVERED BY E.C OR PROGRAM HAS NOT BEEN SELEC				
f. Program Income \$		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?				
g. TOTAL		\$ 28,420,403.00	☐ Yes If "Yes" attach an explanation.	X No		
BEEN DULY	T OF MY KNOWLED AUTHORIZED BY TI ANCE IS AWARDED.	GE AND BELIEF. ALL DATA IN THIS APP HE GOVERNING BODY OF THE APPLICAN	PLICATION/PREAPPLICATION ARE TRUE AND CORR NT AND THE APPLICANT WILL COMPLY WITH THE	ECT, THE DOCUMENT HAS ATTACHED ASSURANCES IF		
yped Name of Authori	ized Representative.		b. Title: Chief, Administrative Services	c. Telephone Number (916) 322-8198		
d. Signature of Authorized	l Representative	<u>.</u>		e. Date signed		
				//		
revious Editions Not Usable				Standard Form 424A (REV 4-88) Prescribed by OMB Circular A-102		

Org Name: NORTHEAST VALLEY HEALTH UDS Number: 091000

APPLICATION	ON FOR	_				
	ASSISTANCE		Z. DATE SUBMITTED	8/1/2002	Applicant Identifier	
1. TYPE OF SUBMISS	i		3. DATE RECEIVED E		State Applicationt le	dentifier
Application		dication				
Construction			I. DATE RECEIVED E	BY FEDERAL AGENCY	Federal Identifier H80CS00139 H2D0	CS00103 H80CS00139
Non-Construc		n-Construction				
5, APPLICANT INFOF Legal Name:	MATION			Organizational Unit		
i -	VALLEY HEALTH	CORP				
Address (give city, co.	unty, state, and zip code	e)		Name and telephone in application (give area of KIMBERLY WY/ 818-898-1388	code)	ontacted on matters involving this
SAN FERNANDO, CA 91340				010.000-1000		
1	IFICATION NUMBER	(EIN):		7. TYPE OF APPLICA	NT (enter apprpriate letter i	n box) N
1237120632A1				A. State B. County	H. Independen	nt School Dist. Olled Institution of Higher Learning
8. TYPÉ OF APPLICA		-		C. Municipal	 J. Private Univ 	ersity
	"	Continuation	Revision	D. Township E. Interstate	K. Indian Tribe L. Individual	
	opriate letter(s) in box(L		F. Intermunicipal G. Special District	M. Profit Organ N. Other (Spe	lization Public Non-Profit
A. Increase Award D. Decrease Durati	B. Decreas on Other (spec		rease Duration	9. NAME OF FEDERA		CRY)
· · · · · · · · · · · · · · · · · · ·				HHS, BPHC		
y	EDERAL DOMESTIC A ALTH SERVICES FOR	*************************************	R:	Ⅎ	LE OF APPLICANT'S PRO	
				Continuation Project: 1) Community Health Center 2) Health Care for Homeless		
1	MMUNITY HEALTH CE	INTERS		1		
II	The territory of the te					
12 AREAS AFFECTI	ED BY PROJECT (citi	es counties states e	tc 1:	4		
1	Fernando Valleys					

13. PROPOSED PRO	JECT:	14. CONGRESSIO	NAL DISTRICTS OF	:		
Start Date	Ending Date	a, Applicant			b. Project	
12/01/2002	11/30/2003	26			24, 25, 26, 27	
15. ESTIMATED FUN	IDING:	<u> </u>	16. IS APPLIC	ATION SUBJECT TO R	: EVIEW BY STATE EXECUT	IVE ORDER 12372 PROCESS
a. Federal		6,524,575.0	20			
	<u> </u>	0,024,070.	į u, iuu, i	'HIS PREAPPLICATION <i>I</i> E ORDER 12372 PROCE		AVAILABLE TO THE STATE
b. Applicant		0.	00 00	ATE 00/01/2002		
				08/01/2002		
c. State		7,758,407.				
ď, Local		4,456,971.	b. NO.		IOT COVERED BY E.O. 123 HAS NOT BEEN SELECTED	
e. Other		1,009,735.	00			
f. Program Income		12,169,254.	00 17. IS APPLICA	ATION DELINQUENT ON	I ANY FEDERAL DEBT?	
g. TOTAL		31,918,942.				No
						, THE DOCUMENT HAS BEEN DULY NCES IF THE ASSISTACE IS AWARDED.
a. Typed Name of Au	ithorized Representat			b. Title		c. Telephone Number
KIMBERLY WYA				CEO		(818) 898-1388
d. Signature of Author	orized Represetative gned by: Kimberly	v Wvard				e. Date Signed <u>8/1/20</u> 02
Liectionically of	gned by, rainbell	y vvyaru		,	- C [3	0/1/2002



	for Federa. Assistance (ED	124)		U.S. Department of Eco Form Approved OMB No. 1875-0106 Exp. 11/30/2004	
pplicant Informa	tion		V B	Organizational Unit	
Name and Address Legal Name: <u>East Si</u>	de Union High School Distric	AUG 12	2002		
Address: 830 North C	apito] Avenue	STATE CLEARIN	G HOUSE		
San Iose			Santa Clara	95)33 - ZIP Code	+ 4
City		•		pplicant X Yes No	
Applicant's D-U-N-S	Number 0 8 2 9	1 3 5 6 7		· ·	he? Vec Y No
	9 4 -1 2 8 6		7. Is the app (If "Yes," atte	olicant delinquent on any Federal de ach an explanation.)	:01/1es <u>_x</u> 100
Catalog of Federal D	omestic Assistance #: 84-1	8 4 B		u an lastar	in the hor F
Fitle: Office of Ele	mentary and Secondary Educ	ation	8. Type of A	applicant (Enter appropriate letter	
Safe and D Project Director: Ka	rug-Free Schools Program/M / Ranchero	entoring Programs	A - State B - Local C - Special D - Indian	n ·	rsity ege or University
_			E - Individu		18mpracon
Address: 6150 Snel			K - Other (Specify):	
<u>San Jose</u> City TeL #: (408) <u>347</u>	State	123 Zip code + 4) 347 - 6215			
E-Mail Address: br	ancherok@exchange.esuhsd.o	rg			
pplication Information Type of Submission -PreApplication Construction Non-Construction Is application sub	-Application Construction X Non-Construction	order 12372 process?	any time Yes	search activities involving human search activities involving human seduring the proposed project period (Go to 12a.) X No (Go to item all the research activities proposed empt from the regulations? (Provide Exemption(s) #):	13.) 1 designated to be
X Yes (Date	made available to the Execut ss for review): 7 / 1 / 20	rve Order 12372			
•			No (Provide Assurance #):	
No (If "No	o," check appropriate box bel Program is not covered by E Program has not been select	.O. 12372.		ve Title of Applicant's Project: esa High School STYLE Mentor F	rogram
. Proposed Project	Dates: 10 / 15 / 2002 Start Date:	10 / 15 / 2005 End Date:			
stimated Fund	ling	Authorized Represe 15. To the best of my kn	lowledge and belie	i' sii gata in miz biesthhireanem abt	olication are true
a. Federal	\$ <u>485,000</u> . 00	and correct. The doc	cument has been d	uly authorized by the governing bo	dy of the applicant
Applicant	\$ <u>36,000</u> . 00	and the applicant w	ill comply with the	attached assurances if the assistan	LE IS AWARDED.
	\$ 000,000.00	a. Authorized Represent			
Local	\$_000,000.00				
Other	\$ <u>000,000.</u> 0 0	b. Title: Superintende	nt	Tour #- (409) 247 _ 6015	
Program Income	\$ <u>000,000</u> . 00	c. Tel. #: (408)34*	75010	Fax #: (408) <u>347 - 6215</u>	
	•			dorg	
TOTAL	\$_521,000.00	e. Signature of Author	_ CoCo		Date: 00 / 17 /1001

APPLICATION FOR				OMB Approval No. 0348-004	
FEDERAL ASSISTA	NCE	2. DATE SUBMITTED		Applicant Identifier	
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application Construction	Preapplication Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction				
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:		
San Joaquin County			Parks & Recre	eation, Facilities Management	
Address (give city, county, State,				number of person to be contacted on matters involvin	
11793 N. Micke Grov Lodi, CA 95240	e Rd.		this application (give a Craig Ogata,	rea code) (209) 468-8910	
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
94-6000	5 3 1		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:			B. County	State Controlled Institution of Higher Learning	
		T naviates	C. Municipal	J. Private University	
∠ New	Continuation	Revision	D. Township	K. Indian Tribe	
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual	
			F. Intermunicipal	M. Profit Organization	
	rease Award C. Increase	e Duration	G. Special District	N. Other (Specify)	
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERA	AL AGENCY:	
				eat Basin Support Office	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:			11. DESCRIPTIVE TIT	ILE OF APPLICANT'S PROJECT:	
	[1 5 - 9 1 9	Baseball field rehabilitation of Boggs Tract and Raymus		
	Į	1 2 - 9 1 9	Village parks. Rehabilitation of noted parks' baseball		
TITLE: UPARR			fields to result in acceptable play areas.		
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	tes, etc.):			
San Joaquin County				•	
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:			
Start Date Ending Date 9/26/05	a. Applicant 11		b. Project	11	
15. ESTIMATED FUNDING:			16, IS APPLICATION	SUBJECT TO REVIEW BY STATE EXECUTIVE	
			ORDER 12372 PR	OCESS?	
a. Federal	\$	160,790	a. YES. THIS PREA	PPLICATION/APPLICATION WAS MADE	
b. Applicant	\$	68,910	į.	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State	\$.00	DATE		
d. Local	\$.00	b. No. 🛮 PROGRA	M IS NOT COVERED BY E. O. 12372	
e. Other	\$.00	☐ OR PROC FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE YIEW	
f. Program Income	\$,00	17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?	
g. TOTAL	\$	229,700	Yes If "Yes," a	attach an explanation.	
				ION ARE TRUE AND CORRECT, THE	
1			E APPLICANT AND TH	IE APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Repr		b. Title		c. Telephone Number	
Craig Ogata		Director, Facilities	Management	(209) 468-8910	
d. Signature of Authorized Repres	sentative		n n	e. Date Signed	
Previous Edition Usable				3 / 6/D	
Authorized for Local Reproduction	,	Y	- ' '-	Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102	
Authorized for Local Reproduction		AUG 12	2002	Prescribed by OMB Circular A-102	
	1.	STATE CLEARIN	IC HUIICE		
	L	ULLMIIII	17 HVU35"		

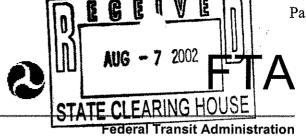
FEDERAL ASSISTANCE 2. DATE SUBMITTED		Applicant Identifier		
	August 8, 20	02		
1. TYPE OF SUBMISSION:	3. DATE RECEIVED BY STATE		State Application Identifier	
Application Preapplication Construction Construction				
Non-Construction Non-Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
5. APPLICANT INFORMATION	<u></u>			
Legal Name: Hi-Desert Water District		Organizational Unit:		
Address (give city, county, State, and zip code):		Name and telephone	number of person to be contacted on matters involvin	
55439 29 Palms Hwy		this application (give a		
Yucca Valley, CA 92284		Lee Pearl or	Pat Grady, (760) 365-8333	
6. EMPLOYER IDENTIFICATION NUMBER (EIN):		7. TYPE OF APPLICA	NT: (enter appropriate letter in box)	
95-2303211		A. State	H. Independent School Dist.	
8. TYPE OF APPLICATION:	······································	B. County	State Controlled Institution of Higher Learning	
New Continuation	Revision	C. Municipal	J. Private University	
<u> </u>		D. Township	K. Indian Tribe	
If Revision, enter appropriate letter(s) in box(es)		E. Interstate	L. Individual	
A. Increase Award B. Decrease Award C. Increase	- D	F. Intermunicipal	M. Profit Organization	
A. Increase Award B. Decrease Award C. Increase D. Decrease Duration Other(specify):	e Duration	G. Special District	N. Other (Specify)	
		9. NAME OF FEDERA	AL AGENCY:	
	-	Enviror	nmental Protection Agency	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NU	JMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:	
Warren Valley Basin	6 6 - 6 0 6			
TITLE: Recharge/Reuse Project	ara rarar	This phase	consists of the construction	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, Sta	tor oto 1:		er production well and three	
	. ,			
Yucca Valley, San Bernardino County, S	tate of California			
13. PROPOSED PROJECT 14. CONGRESSIONAL DIS	STRICTS OF:		AUG 9 2002	
Start Date Ending Date a. Applicant Congress Feb/2003 Aug/2003 District 40	man Jerry Lewis	b. Project None		
15. ESTIMATED FUNDING:			SUBJECT TO REVIEW BY STATE EXECUTIVE	
		ORDER 12372 PR		
a. Federal \$ 242,500	. ∞			
	00		PPLICATION/APPLICATION WAS MADE	
b. Applicant \$ 231,530 (v	vaiver pending)	•	TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:	
c. State \$, oo	DATE AL	igust 8, 2002	
d. Local \$.00			
e. Other \$, oc		M IS NOT COVERED BY E. O. 12372 BRAM HAS NOT BEEN SELECTED BY STATE	
		FOR REV		
1. Program Income	.00	17 IC THE ARRIVA	T DELINOUENT ON ANY SERVING DESITA	
g. TOTAL s 474,030			IT DELINQUENT ON ANY FEDERAL DEBT? Ittach an explanation. No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL	DATA IN THIS APPLICA	TION/PREAPPLICAT	ION ARE TRUE AND CORRECT. THE	
DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GO' ATTACHED ASSURANCES IF THE ASSISTANCE IS AWAI	VERNING BODY OF THE	APPLICANT AND TH	E APPLICANT WILL COMPLY WITH THE	
a. Type Name of Authorized Representative	b. Title		c. Telephone Number	
Lee Pearl	General M	anager	(760) 365-8333	
d. Signature of Authorized Representative			e. Date Signed	
Previous Edition Usable			6-6-0 2 Standard Form 424 (Rev. 7-97)	

APPLICATION FOR				OMB / proval No. 03440
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant dentified UG - 8 2006
FEDERAL AGGIGTAN	IOL .	August 7,	2002	UU SB
1, TYPE OF SUBMISSION:	· · · · · · · · · · · · · · · · · · ·	3. DATE RECEIVED BY	STATE	State Application Identifier
Application	Preapplication			State Application Identifier STATE CLEARING HOUS
X Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	FederaNdehttrib
Non-Construction	Non-Construction	<u> </u>		
5. APPLICANT INFORMATION			Organizational Unit:	
Legal Name: County of	Colusa		; -	olusa County Airport
Address (give city, county, State,				number of person to be contacted on matters invol-
100 Sunrise Blvd. Colusa, CA 95932	, Suite F		this application (give at Harry A. Kru	rea code) ng, 530-458-0580
6. EMPLOYER IDENTIFICATION	NUMBER (EIN):		7. TYPE OF APPLICA	NT: (anter appropriate letter in box)
	5 0 8		A. State	H. Independent School Dist.
8. TYPE OF APPLICATION:			B. County	i. State Controlled Institution of Higher Learning
X Naw	Continuation	Revision	C. Municipal	J. Private University K. Indian Tribe
If Revision, enter appropriate lette	or(e) in havies)		D. Township E. Interstate	L. Individual
The visibility entre appropriate latter(3) in confess)			F. Intermunicipal	M. Profit Organization
A. Increase Award B. Decr	ease Award C. Increase	e Duration	G. Special District	N. Other (Specify)
D. Decrease Duration Other(s	pecify):		9. NAME OF FEDERA	AL AGENCY:
-			Federal Avi	ation Administration
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE N	UMBER:	11. DESCRIPTIVE TIT	TLE OF APPLICANT'S PROJECT:
TITLE: Airport I	mprovement Prog		Land Acquisi Runway Prote	tion - 8.1 Acres for ection Zone
Colusa County				
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	STRICTS OF:		
	a. Applicant		6. Project	
	Doug Ose - Thi	rd District		Third District
15. ESTIMATED FUNDING:		00	ORDER 12372 PR	SUBJECT TO REVIEW BY STATE EXECUTIVE ROCESS?
a. Federal		6,900	-	APPLICATION/APPLICATION WAS MADE
b. Applicant		3,255	i .	E TO THE STATE EXECUTIVE ORDER 12372 FOR REVIEW ON:
c. State	\$ <u>1</u>	0,845	DATE	THE WAY AND A MANAGEMENT OF PROPERTY AND ADDRESS.
		0	⊣ <u>:</u> :	AM IS NOT COVERED BY E. O. 12372
e. Other	\$	O	FOR REV	GRAM HAS NOT BEEN SELECTED BY STATE /IEW
f. Program Income	\$		17. IS THE APPLICAL	NT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL		1,000		attach an explanation.
	AUTHORIZED BY THE GO	OVERNING BODY OF TH		TION ARE TRUE AND CORRECT, THE HE APPLICANT WILL COMPLY WITH THE
a. Type Name of Authorized Rep	resentative	b. Title		c. Telephone Number
Harry A. Krug		Juirector of A	irport Operat	ions 530-458-0580
d. Signalus of Authorized Repre	seniarye Lucio			e. Date Signed / 02
Previous Edition Usable Authorized for Local Reproductio	n T			Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

Application	n for Federal			`111111
Assistance			. 03.	E Ba Bordal Vo. E48 014
		2. Date Submitted (m 07/30/2002	nm/dd/yyyy) 2	Applicant/denutier
1. Type of Submiss Application	sion Pre-application	3. Date Received by	State (mm/dd/yyyy)	State April Caron IdeAth 9 2002
	<u></u>	· · · · · · · · · · · · · · · · · · ·	Federal Agency (mm/dd/yyyy)	STATE CLEARING HOUS
5. Applicant Informati	lon			STATE OF IT
Legal Name	to Dotingment From	. T D	Organizational Unit	ud k.a.d
****	sta Retirement Hor	es, L.P.		mited partnership
40268 Doler			application (give area code)	of the person to be contacted on matters involving this
	.ameda County		Chen, Guan Chung	
California	-		Horizon Vista Co (510) 657-7229	orporation, G.P.
	ition Number (EIN) (xx-yyyyyyy))	7. Type of Applicant (ente	er appropriate letter in box)
94 — 3	3390900		A. State	J. Private University
8. Type of Application	ı :		B. County C. Municipal	K. Indian Tribe L. Individual
⊠ t New	Continuation Revis	sion	D. Township	M. Profit Organization
If Revision, e	nter appropriate letter(s) in be	ox(es):	E. Interstate F. Inter-municipal	N Nonprofit O Public Housing Agency
	mor appropriate folloctor in a	٠, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١, ١,	G. Special District	P. Other (Specify)
A. Increase Award B. Decrease Award C. Increase Duration		H. Independent School Dist.		
D. Decrease	Duration Other (specify)		State Controlled Institution	on of Higher Learning
			9. Name of Federal Agency See attached	
10. Catalog of Federa	I Domestic Assistance Number	(xx-yyy)	11. Descriptive Title of Applic	cant's Project
-			Fremont Vista	·
Title:	L. Thousannes	14 129	130 Bed Resident	ial Care Facility
Mor cyay	e Insurance		Located in Fremo	ont, California
12. Areas Affected by	Project (cities, counties, States,	etc.)	See attached For	cm HUD-92013 and location mag
City of Fre		,	for further desc	-
	nty, California			
13. Proposed Project		14. Congressional Districts	of	
Start Date (mm/dd/yyy) 11/01/2002	y) Ending Date (mm/dd/yyyy) 03/01/2004	a. Applicant 13 - Cali	ifornia	b. Project 13 - California
15. Estimated Fund	ding		⊣ ''	ct to Review by State Executive
a. Federal	\$ 13,892,	.00	Order 12372 Process	
b. Applicant	\$.00.	State Executive O	olication/application was made available to the order 12372 Process for review on:
c. State	\$.00	Date (mm/dd/vvv	07/30/2002/
d. Local	\$ 2,380,		b No □ Program	is not covered by E.O. 12372
e. Other	\$.00.	or Program	has not been selected by State for review.
f. Program Income	\$.00	i e	nquent on Any Federal Debt?
g. Total	s 16,272,	.000.	 -	ttach an explanation 🔀 No
				ue and correct, the document has been dulined assurances if the assistance is awarded
*****	nonzed Representative Chung President	····	ista Corp., G.P.	c. Telephone Number (Include Area Code) (510) 657~7229
d. Signeture of Authori	zed Represent tive	las/.		e. Date Signed (mm/dd/yyyy) 07/26/2002
Previous Edition Us Authorized for Loca		X	-	form SF-424 (7/97 Prescribed by OM8 Circular A-10

APPLICATION FEDERAL AS	-	2. DATE SUBMITTED 8/07/02		Applicant igene	E ME A PETON OF THE OF		
TYPE OF SUBMISSION Application Construction	Preapplication Construction	3. DATE RECEIVED BY S	TATE	State Application	AUG - 9 2002		
	_	4. DATE RECEIVED BY F	EDERAL AGENCY	Federal Identifier			
Non-Construction		'	-	<u>!</u>	STATE CLEARING HOUSE		
Legal Name:			Organizational Uni	e N/A			
	ousing Improvement	Program, Inc.		IV/A			
Address (give city, cour	nty, state, and zip code):		Name and telepho		rson to be contacted on matters involving		
1001 Willow Chico, CA			Imel	da Michel) 891-6931			
S. EMPLOYER IDENTIFIC	ATION NUMBER (EIN):			ANT: (enter appropri	· · · · · · · · · · · · · · · · · · ·		
9 4	4 - 2 2 2 3	3 9 8	A State 8. County C. Municipal	l. State	pendent School Dist. Controlled Institution of Higher Learning Ite University		
8. TYPE OF APPLICATION	l:		D. Township	K. India			
	New ☐ Continuate	on 🔲 Revision	E. Interstate F Intermunici	L. Indiv pat M. Profi	. Organization		
If Revision, enter approp	oriate letter(s) in box(es):		G. Special Dist	trict N. Othe	Non-Profit Corporation		
A. Increase Award B. Decrease Award C. Increase Duration D Decrease Duration Other (specify):					Oolpolation		
D Decrease Durano	or Cule (specify).		3. NAME OF FEDER	•	nt ·		
			Rural Development				
19. CATALOG OF FEDERAL DOMESTIC 1 0 4 2 0			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New application for funding of Rural Self-Help Housing Technical Assistance				
ππε: Rural Self-Help Housing Technical Assistance			for building of an estimated 100 equivalent units in the two year period				
	r PROJECT (cities, counties, state nn, Shasta, & Teha		2003-20		n the two year period		
State of Ca		ma Counties					
13. PROPOSED PROJECT	: 14. CONGRES	SIONAL DISTRICTS OF:					
Start Date	Ending Date a. Applicant			b. Project			
2/03 est.	3/05 est. 2nd CD	California		2nd CD	California		
15. ESTIMATED FUNDING					VE ORDER 12372 PROCESS?		
a. Federal	\$1,700,000		TATE EXECUTIVE O	ROER 12372 PROCE	AS MADE AVAILABLE TO THE ESS FOR REVIEW ON:		
b. Applicant	. \$	بن 00.	ATE August	7, 2002			
c State	\$.00 b NO.	PROGRAM IS NO	OT COVERED BY E.C). 12372		
d. Local	\$.00	OR PROGRAM H	AS NOT BEEN SELE	ECTED BY STATE FOR REVIEW		
e Other	S .				·		
I. Program Income	S		ANT DELINQUENT O	N ANY FEDERAL DEBT	7. ⊠ No		
g TOTAL	1,700,000	00					
18. TO THE BEST OF MY AUTHORIZED BY THE GO	KNOWLEDGE AND BELIEF, ALL DA VERNING BODY OF THE APPLICAN	TA IN THIS APPLICATION P IT AND THE APPLICANT WI	REAPPLICATION ARE	TRUE AND CORRECT, E ATTACHED ASSURAN	THE DOCUMENT HAS BEEN DULY ICES IF THE ASSISTANCE IS AWARDED		
a. Typed Name of Autho David Feri			b Tide Executiv	e Director	c Telephone number (530) 891-6931		
d Signature of Authori	zed Representative				e Date Signed		
		W			August 7, 2002		
Previous Editions Not U	sable	<i>'</i>			Standard Form 424 (REV 4:88) Prescribed by OM8 Circular A-102		





U.S. Department of Transportation

Application for Federal Assistance

Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Project ID:	CA-40-X019
Budget Number:	1 - Budget Pending Approval
Project Information:	Emergency Prepareness Drill

Part 1: Recipient Information

Project Number:	CA-40-X019
Recipient ID:	5551
Recipient Name:	FOOTHILL TRANSIT
Address:	100 NORTH BARRANCA ST. SUITE 100, WEST COVINA, CA 91791 1600
Telephone:	(626) 967-2274
Facsimile:	(626) 915-1143

Union Information

Recipient ID:	5551
Union Name:	AMALGAMATED TRANSIT UNION
Address 1:	5025 Wisconsin Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20016 4139
Contact Name:	James La Sala
Telephone:	(202) 537-1645
Facsimile:	(202) 244-7824

Recipient ID:	5551
Union Name:	TRANSPORTATION COMMUNICATION UNION (TCU)
Address 1:	3 Research Place
Address 2:	
City:	Rockville, MD 20850 0000
Contact Name:	Robert Scardelletti

Telephone:	(301) 948-4910
Facsimile:	(301) 948-1369

Recipient ID:	5551
Union Name:	UNITED TRANSPORTATION UNION (UTU)
Address 1:	14600 Detroit Ave.
Address 2:	
City:	Cleveland, OH 44107 0000
Contact Name:	Bernie Mc Nelis
Telephone:	(216) 228-9400
Facsimile:	(216) 228-5755

Recipient ID:	5551
Union Name:	INTERNATIONAL BROTHERHOOD TEAMSTER
Address 1:	25 Louisiana Ave. N.W.
Address 2:	
City:	Washington, D.C., MD 20001 0000
Contact Name:	James Hoffa
Telephone:	(202) 624-6800
Facsimile:	(202) 624-8110

Part 2: Project Information

Project Type:	Grant
Project Number:	CA-40-X019
Project Description:	Emergency Prepareness Drill
Recipient Type:	City
FTA Project Mgr:	Jack Ottomanelli
Recipient Contact:	Gil Victorio
New/Amendment:	None Specified
Amend Reason:	None Specified
Fed Dom Asst. #:	20507
Sec. of Statute:	h
State Appl. ID:	None Specified
Start/End Date:	Aug. 01, 2002 - Jun. 30, 2003
Recvd. By State:	
EO 12372 Rev:	YES
Review Date:	None Specified
Planning Grant?:	NO

Gross Project Cost:	And an experience of the second secon	\$25,000
Adjustment Amt:		\$0
Total Eligible Cost:		\$25,000
Total FTA Amt:		\$25,000
Total State Amt:		\$0
Total Local Amt:		\$0
Other Federal Amt:		\$0
Special Cond Amt:		\$0
Special Condition:	None Specified	
S.C. Tgt. Date:	None Specified	
S.C. Eff. Date:	None Specified	
Est. Oblig Date:	None Specified	
Pre-Award Authority?:	Yes	
Fed. Debt		

Program Date	1	Authority?:	No	
(STIP/UPWP/FTA Prm Plan) :	Apr. 30, 2003	Final Budget?:	No	
Program Page:	•			
Application Type:	Electronic			
Supp. Agreement?:	No			
Debt. Delinq. Details:				

Urbanized Areas

UZA ID U		UZA Name
	60000	CALIFORNIA
	60020	LOS ANGELES, CA

Congressional Districts

State ID	District Code	District Official	
6	28	David Dreier	
6	31	Hilda L Solis	
6	34	Grace F Napolitano	
6	41	Gary G Miller	

Project Details

Foothill provides public transportation services to San Gabriel and Pomona Valleys in Los Angeles County, California. The organization operates 27 lines throughout the 21 cities in the L.A. County. The cities are Arcadia, Azuza, Baldwin Park, Bradbury, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Industry, Irwindale, La Puente, La Verne, Monrovia, Pomona, San Dimas, South El Monte, Temple City, Walnut and West Covina. Within the Foothill Transit service area, there are three other transit agencies providers that are operating in the project location. The transit operators are: Metropolitan Transit Authority, Omni Trans and Montebello Bus Lines.

Foothill Transit's most unique feature is that it has no employees - both its management and operations are provided under contract to private enterprises. Administration is contracted to ATC/Forsythe and Associates. Operations and maintenance are contracted to Laidlaw Transit, Inc. and First Transit, Inc. The contractors' names, addresses, phone and fax numbers are as follows:

ATC/Forsythe & Associates One Mid America Plaza, Suite 401 Oakbrook Terrace, IL 60181 Tel. (630) 571-7070 Fax (630) 571-6454

Laidlaw Transit Services 5360 College Blvd. Suite 200 Overland Park, Kansas 66211 Tel. (800) 821-3451 Fax (913) 345-9974 First Transit, Inc. 705 Central Avenue Suite 500 Cincinatti, OH 45202 Tel. (513) 241-2200 Fax (513) 381-0149

Please note that the congressional districts were verified.

Foothill Transit respectfully request funding for Emergency Preparedness Drill through this grant application. This grant application for \$25,000 is under the 2001 Emergency Supplemental Appropriations Act for Recover from and Response to Terrorist Attacks on the United States of America, Public Law 107-38. A brief description of the project is attached in the 'Project Detail' section of this grant application.

Part 3: Budget

Project Budget

	Quantity	FTA Amount	Tot. Elig. Cost
SCOPE			
572-00 SECURITY	1	\$25,000	\$25,000
ACTIVITY	<u> </u>		
57.20.01 Emergency Preparedness Drill	1	\$25,000	\$25,000
	Estimated Tot	al Eligible Cost:	\$25,000
		Federal Share:	\$25,000
·		Local Share:	\$0

OTHER (Scopes and Activities not included in Project Budget Totals)

None

No Amendment Funding Source information is available for the selected project

Alternative Fuel Codes

Extended Budget Descriptions

57.20.01	Emergency Preparedness Drill	1	\$25,000	\$25,000	
Foothill Transit will conduct a drill of as bus hi-jacking or situation where mysterious package was left aboard the bus.					

				DE COMP APPORT	1 No. 0348-0043		
APPLICATION FOR		2. DATE SUBMITTED		Applicant dentine			
FEDERAL ASSISTAN	IÇE	3/28/02					
TYPE OF SUBMISSION:		3. DATE RECEIVED 81	STATE	State Application Applificate 7 20)02 リ		
- Application	Preapplication			E de distribus			
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	I I Samuel a servicio de la reconstrucción de la re			
Nan-Construction	Non-Construction			SIATE CLEARING	i HOUSE		
APPLICANT INFORMATION			Organizational Unit;	creation, Parks, Co	mmunity Sv		
Legal Neme: City of I	[nglewood		Name and telephone number of person to be contacted on matters involving				
Address (alve city, county, State,	and zip code):		this application (give area code)				
One Manch	nester Blvd., In	nglewood, CA	Matt Robinson 310-412-8750				
Los Angel	les County	90801			0		
6. EMPLOYER IDENTIFICATIO	N NUMBER (EIN):		7. TYPE OF APPLICA	NNT: (enter appropriate letter in box	[c]		
95-6000	728		A. State B. County	H. Independent School Dist. j. State Controlled institution of High			
S. TYPE OF APPLICATION:			C. Municipal	J. Private University			
₩ Nev	Continuation	Revision	D. Township	K. Indian Tribe			
if Revision, enter appropriate let	ter(s) in box(es)		E. Interetate	L, Individual M, Profit Organization			
	_	J ()	F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify)				
W BICHORDE LANGE ALT.		se Duration					
D. Decrease Duration Other	(apacity):		9. NAME OF FEDERAL AGENCY:				
			1 "	Park Service			
10. CATALOG OF FEDERAL	AMERIC ARRISTANCE	NUMBER:	11. DESCRIPTIVE T	ITLE OF APPLICANT'S PROJECT	1		
<u> </u>	OHEST C ASSISTANCE	15-919]	ction of 3 children's	s		
UPARR	w to the management	_=	Rehabilite	is in Inglewood, CA			
TITLE: UTDAN	Park & Recreat	totas elc.):	playground	is in ingitation,			
			7				
City of	f Inglewood, CA						
13. PROPOSED PROJECT	14. CONGRESSIONAL	districts o f: re 11.5. Hou:	se of Represet	atatives District #	35		
Sign Data Ending Date	in Annicant		b. Project	tion of playgrounds			
Sten Date Ending Date 10/01/02 10/01/0		ewood	Kenabilica	N SUBJECT TO REVIEW BY STAT	TE EXECUTIVE		
15. ESTIMATED FUNDING:			ORDER 12372				
		50					
a. Faderel 85%	\$	89,250.00	Y. YES. THIS PRI	EAPPLICATIONAPPLICATION WA	S MADE		
o. Applicant	•	×	AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:				
G. Apprica							
c. State 15%	S .	15,750.00	DATE _	8/7/02			
d Local	\$			RAM IS NOT COVERED BY E. O. 1	12372		
			b. No. D PROG	OGRAM HAS NOT BEEN SELECT	ED BY STATE		
e, Other	\$,r-		EVIEW			
f. Program Income	- -	,00		THE THE TOTAL SERVICES	FRAL DEBT?		
i. I (California)	8		17, IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? YOU H"YOU," ettach att explanation.				
9. TOTAL	\$ \$1	05 000 00					
10 THE BERT OF MY KE			LICATION/PREAPPLIC	ATION ARE TRUE AND CORRECTHE APPLICANT WILL COMPLY	T, THE		
MACHIMENT HAS BEEN DU	LY AUTHORIZED BY THE	GOAFKHING BOD! OF	THE APPLICANT AND	THE APPLICANT WILL COMPLY	4-251- 5-2405		
ATTACHED ASSURANCES	IF THE ASSISTANCE IS A	WANDED.		c. Talephone Number			
a. Type Name of Authorized F	Representative	b. Title Mayor		310-412-5300			
Roosevelt F. D	Dresentativa			0. Seign Signed - 02			
d. Signature of Authorized Re	I Wal			102-01-00			

Previous Edition Usable Authorized for Local Reproduction Standard Form 424 (Rev. 7-97) Prescribed by OMB Circular A-102

									OMB Approval No. 0348-0043	
APPLICATION	FOR		2. DATE SUBMI	TTEP		Appl	ica.	⊿ntifier N/	400 12 15	
FEDERAL ASS						- 5		R C E	W 13 N	
1. TYPE OF SUBMISSI Application	ON Preapp	lication	3. DATE RÉCEN	ved by state		State	الآلا	N/		
Construction	☐ Con	struction	4. DATE RECE!	VED BY FEDER	AL AGENCY	Fed	निश्चि	ntifierAUG - 6	。20024 PUI 1	
Non-Construction ■ Non-Construction Non-Construction ■ Non-Construction Non-Construction ■ Non-Construction Non-Construction ■ Non-Construction Non-Construct	⊠ Non	-Construction			.,		ПП		V/A	
5. APPLICANT INFORM	MATION								INC HOUSE	
Legal Name: Los Ange	eles County Sher	ff's Department			nizational Unit:		IST	ATE CLEAR		
Address (give city, cour	ity, state, and zip o	ode):		Nam	Name and telephone number thereon to be contacted on matters involving this application (give area code)					
4700 Ramon	a Boulevard	•			Name: Gerald Cooper					
Monterey Pa	ark, CA 91754			Pho	Phone: 3232673476					
									7- April 17-11	
6. EMPLOYER IDENT	FICATION NUMB	ER (EIN):		7. T	YPE OF APPLI	CANT		r appropriate letter		
	956000927			1	. State I. County		H. I.	Independent School State Controlled in:	Dist. stitution of Higher Learning	
8. TYPE OF APPLICA	TION-				. Municipal		J.	Private University	Ť	
6. THE OF AFFEIGH	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1). Township			Indian Tribe		
	New	☐ Continuation	Revision	1 -	interstate '. Intermunicip	al (L. M.	Individual Profit Organizอย่อก		
If Revision, enter appro	prioto lotter/s) in h)v(es):		Į	F. Intermunitipal M. Profit Organization G. Special District N. Other (Specify)					
A. Increase Award			Increase Duralio							
D. Decrease Ouratio	on Other (sp	ecify):		9. 1	IAME OF FEDE	RAL A			la	
					Department of Justice Office of Community Oriented Policing Services					
10. CATALOG OF FE	DERAL DOMESTI	C ASSISTANCE N	UMBER:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:					
		1 6	7 1	o Ir	Interoperability Study for the Los Angeles					
				R	egional (Oper	ratic	ons and Co	mmunications	
TITLE: 2002 Technology Initiative					enter					
12. AREAS AFFECTED BY PROJECT (cides, countles, states, etc.): Los Angeles County: Its constituent cities										
		14. CONGRES			· · · · · · · · · · · · · · · · · · ·					
13. PROPOSED PRO			SIONAL DISTRI	CIS OF.	b. Project					
Start Date	nding Date	a, Applicant	. 27	. 43	•	ı +-b-	~^116	gh 37; 41		
10/01/2001	9/30/2002	24 thr	ough 37;	; 41 						
15. ESTIMATED FUN	IDING:				16. IS APPL ORDER				BY STATE EXECUTIVE	
a. Federal	5		1000	0000.00				PLICATION/APPLIC	ATOM NOW S MADE	
									CUTIVE ORDER 12372	
b, Applicant	\$			O_{00}		PROC	ESS FO	OR REVIEW ON:		
c. State	- s		······································	000	†	DATE:				
						DATE		8-6-02		
d. Local	\$	s 0°								
e. Other	\$			000			OR PRO		EEN SELECTED BY STATE	
f. Program income	\$			Ooo	17. IS THE	APPLI	CANTI	DELINQUENT ON A	NY FEDERAL DEBT?	
g. TOTAL	1,000,000				yoo Yes If "Yes," attach an explanation.					
18. TO THE BEST OF N	NY KNOWLEDGE AN	D BELIEF, ALL DAT	A IN THIS APPLICA	ATION/PREAPE	PLICATION ARE	TRUE A	ND COF	RECT. THE DOCUME THE ASSISTANCE IS:	ENT HAS BEEN DULY AUTHORIZED AWARDED.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATIONS BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY W 2. Typed Name of Authorized Representative b. Tale				a, Title					c. Telephone number 323-526-5000	
Leroy D. Baca			Sl	Sheriff 323-526-50						
d. Signature of Authorized Representative									e, Date Signed	
Lee Daca									1-19.03	
	Jue 1								Prescrined by OMB Circular A 10	

A DOLLOAT	ON EO	D					OMB Approval No. 0348-0043				
APPLICATION FOR		2. DATE SUBMITTED		Applicant Hentifier	N/A						
FEDERAL ASSISTANCE		8/5/02			V/A.						
1. TYPE OF SUBI	MISSION	Prea	pplication	3. DATE RECEIVED BY	TATE State Applicant Identifier		N/A				
☐ Construction	n		onstruction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier					
Non-Constru	uction	⊠ N	on-Construction			receial identifier	N/A				
5. APPLICANT IN	FORMATIO	N				<u> </u>					
Legal Name: Fair	field Police	Departi	nent		Organizational Unit:						
Address (give city,	county, stai	te, and zig	code):			number of person to be contact	ad an matter involving this				
1000 W	ebster Stre	-et		noce i i nocesse pro è responsi e i representativa de la company de la c	Name and telephone number of person to be contacted on matters involving this application (give area code)						
			Way i		Name: Betsy Ren	ner					
Fairneid	l, CA 945	33		and the control of the member were							
				AUG 5 2002	Phộne: 7074284335						
6. EMPLOYER ID	ENTIFICATI	ои иим	BER (EIN):		7. TYPE OF APPLIC	CANT: (enter appropriate letter	rin box) C				
	9460	000331		E CLEARING HO		H. Independent School	<u> </u>				
			givense manner o	Character Street, Stre	B. County		stitution of Higher Learning				
8. TYPE OF APPL	ICATION:				C. Municipal	J. Private University					
	1571	New	☐ Continuation	Revision	D. Township E. Interstate	K. Indian Tribe					
	±3		volumoation	CT MONITHI	E. Interstate F. Intermunicipa	L. Individual I M. Profit Organization					
If Revision, enter a	ppropriate le	tter(s) in i	oox(es):		G. Special Distri	•					
A. Increase Awa	ırd	B. Decre	ase Award C. II	ncrease Duration		· · · · · · · · · · · · · · · · · · ·					
D. Decrease Du	ration	Other (s	pecify):		9. NAME OF FEDER	AL AGENCY:					
						Department of Justi	ce				
					Office	of Community Oriented Po	olicing Services				
10. CATALOG OF	FEDERAL	DOMEST	C ASSISTANCE N	UMBER:	11. DESCRIPTIVE T	TILE OF APPLICANT'S PROJE	:~ T ·				
		ſ			Solano County Regional Law						
		Į	1 6 .	7 1 0							
	TITLE: 2002 Technology Initiative					Enforcement Training Center					
			, counties, states, etc.								
City of	Fairf	field	, Vallejo	, Benicia							
13. PROPOSED P	ROJECT!	ipa C	14. CONGRESSI	ONAL DISTRICTS OF:							
Start Date	Ending Da		a. Applicant		b. Project						
10/01/2001	0/70/0		Mike'	Thompson	•						
10/01/2001	9/30/2	1002	George	e Miller							
15. ESTIMATED F	UNDING:				16. IS APPLICA	ATION SUBJECT TO REVIEW E	Y STATE EYEC: ITIVE				
a. Federal		s		500000.00		72 PROCESS?	// STATE EXECUTIVE				
		7		00.00000	a VES THE	S PREAPPLICATION/APPLICA	TIONINACAMOS				
b. Applicant		\$			***************************************	AILABLE TO THESTATE EXEC					
		*		.00	PR	OCESS FOR REVIEW ON:	3114 L ONDER 12312				
c, State		\$.00.	······································						
					DA'	TE 8/5/02					
d. Local		\$	-	.00.							
					b. NO. 🔲	PROGRAM IS NOT COVERE	D BY E.O. 12372				
e. Other		\$		47 000 .00		OR PROGRAM HAS NOT BE	EN SELECTED BY STATE				
£ D				47,900		FOR REVIEW					
f. Program Income		\$.00.							
a TOTAL		1				LICANT DELINQUENT ON AN	i				
g. TOTAL \$ 547,90		547,900.00) .00 Yes If "Yes," attach an explanation.								
18. TO THE BEST OF	MY KNOWLE	DGE AND	BELIEF, ALL DATA IN	THIS APPLICATION/PRE	APPLICATION ARE TRUE	AND CORRECT. THE DOCUMENT	HAS BEEN DULY AUTHORIZED				
TO THE APPLICANT WILL COMPLY WITH THE					THE ATTACHED ASSUR	ANCES IF THE ASSISTANCE IS AW	ARDED.				
a. Typed Name of Authorized Representative b. Title Betsy Renner Admi			1	50 d m h 30 m 4 4	The demand of the second	c. Telephone number					
d. Signature of Authorized Representative			Adml	uistration	<u>Division Mgr.</u>	(707) 428-733 e. Date Signed					
_	\wedge										
Beton Renner							8/1/02				
evious Editions Usahie	7		Authorized for Lower	openduction							

APPLICATION FOR				OMB A	pproval No. 0348-004			
FEDERAL ASSISTAN	ICE	2. DATE SUBMITTED		Applicant Identifier				
LEDEIVAL VOOIO IVI	40L	131 July ()	12					
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier				
<u>Ap</u> plication	Preapplication							
☐ Construction	Construction	FEDERAL AGENCY	Federal Identifier					
Non-Construction	Non-Construction	<u> </u>						
5. APPLICANT INFORMATION Legal Name:			Organizational Unit:					
Allen J. War	tkins		Exodus Con	mmonity Developm	ment Corporati			
Address (give city, county, State,	and zip code): P.O.B	OX 61863		number of person to be contacte				
Los Angeles, C	A 90061		1	rea code) A.J. Wotk				
(LOS Angeles)	County		323-293-4745 / 323-789-7057					
6. EMPLOYER IDENTIFICATION			7. TYPE OF APPLICA	NT: (enter appropriate letter in	box)			
51-6415	824			11.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	W			
8. TYPE OF APPLICATION:			A. State B. County	A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning				
	—		C. Municipal	J. Private University	t Higher Louining			
X New	Continuation	Revision	D. Township	K. Indian Tribe				
If Revision, enter appropriate lette	er(s) in box(es)		E. Interstate	L. Individual				
		The same of the sa	F. Intermunicipal	M. Profit Organization	L.7			
A, Increase Award B, Dec	rease Award C. Increase	Duration	G. Special District	N. Other (Specify) Non pro	JIT			
D. Decrease Duration Other(s	specify):		9. NAME OF FEDERAL AGENCY:					
	AUG 2	9. NAME OF FEDERA	AL AGENCY:					
			<u></u>	Donala JA	1 1			
	<u> </u>	70773777 7 1 200 1 1 200 1	ccovowic	Development Plantie Project of Applicant's Project Development Plantie Project Development Pro	AMINISTRATIO			
10. CATALOG OF FEDERAL DO	MESTIC ASSISTANCE NU	The state of the s						
	, .	111-307	Keal Prof	eaty Project				
TITLE: FLOOR	mic Adoustmi	ent Assistance						
12. AREAS AFFECTED BY PRO	JECT (Cities, Counties, Sta	ites, etc.):						
1	4060	1.4 A =						
LOS Angeles C.	DUNIX ()Urro	unding From		w				
13. PROPOSED PROJECT	14. CONGRESSIONAL DIS	STRICTS OF:	i inita	W. n. 1127th/	arina PA			
Community Development	a. Applicant	tea in Juani	to Millender	Ms Donald 37th C	arson jur			
	Exodus C.	nc.	C D	4 Donalana	nant			
15. ÉSTIMATED FUNDING:	LAOWI V.		16. IS APPLICATION	SUBJECT TO REVIEW BY ST	TATE EXECUTIVE			
A .	10, 127, 432	P.00	ORDER 12372 PR	ROCESS?				
a. Federal	\$ 10 120 4	20 .00	VEO TUO 005	IODI IOATIONIADDI IOATIONIA	AIAC NEADE			
L 8 1: 4	\$ 10,127,46	<u>76</u>	3	APPLICATION/APPLICATION V E TO THE STATE EXECUTIVE				
b. Applicant	.	0	1	FOR REVIEW ON:	OND LICILION E			
c. State	\$	0 .00] 21	July 02				
	*	00	DATE <u>J !</u>	<u> </u>				
d. Local	\$	ð ."°	h No II PROGRA	AM IS NOT COVERED BY E. O). 12372			
e. Other	\$	00		GRAM HAS NOT BEEN SELEC				
	,	0	FOR REV					
f. Program Income	\$. ⁰⁰						
		00	17. IS THE APPLICA	NT DELINQUENT ON ANY FE	DERAL DEBT?			
g. TOTAL	\$ 10, 127,4	38 ·		attach an explanation.	. ☑ №			
18. TO THE BEST OF MY KNOW				TION ARE TRUE AND CORRE				

b. Title CEO

a. Type Name of Authorized Representative d. Signature of Authorized Representative

ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

c. Telephone Number 323-293-4745

e. Date Signed

APPLICATION FOR				OMB Ap	provar No. 0340-0043
FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier	
		3170/V 02			
1. TYPE OF SUBMISSION:		3. DATE RECEIVED BY	STATE	State Application Identifier	
Application	Preapplication				
Construction	Construction	4. DATE RECEIVED BY	FEDERAL AGENCY	Federal Identifier	
Non-Construction	Non-Construction		,		
5. APPLICANT INFORMATION				<u> </u>	
Legal Name:			Organizational Unit:		1 -
IAJ Watki	<u>ns</u>		Exodus comm	ounity Developmen	ot Corporation
P.O. Box Cold &	3	, '\	this application (give a	number of person to be contacted frea code) AJWatki	on matters involving
LOS PAGELES, CP.	190061 (L.A	1. County)	(323)293-		
6. EMPLOYER TO ENTIFICATION	N NUMBER (EIN):		7. TYPE OF APPLICA	ANT: (enter appropriate letter in t	(M)
5 1 (/7)15			A. State	H. Independent School Dist.	<i>y</i> y
8. TYPE OF APPLICATION:			B. County	I. State Controlled Institution of	Higher Learning
New	Continuation	Revision	C. Municipal	J. Private University	
N Maw	Continuation		D. Township	K. Indian Tribe	
If Revision, enter appropriate lett	er(s) in box(es)		E. Interstate	L. Individual	
AND THE PROPERTY OF THE PROPER	to proceed on the southern the	A CONTROL OF THE CONT	F. Intermunicipal	M. Profit Organization	1
A. increase Award B. Dec	rease Award C. Increase	a Duration	G. Special District	N. Other (Specify) Non prof	<i>i</i> 7
D. Decrease Duration Other(specify):				
	Alic	9 - 2000	9. NAME OF FEDER	AL AGENCY: ECONOM	iC.
	AUG AUG	<u>2 - 20</u> 02	Doveloom	ent Administi	ation
	AMERICA ARRIGITATION AL	JMADED.	MA DESCRIPTIVE TI	TI E OF ADDITIONALL'S BEOLE	`T.
10. CATALOG OF FEDERAL D	DMESTIC ASSISTANCE NO	1 1 3 0 a		erty Project	, 1.
£	Davida de	1		-	
TITLE: ECO NO ME 12. AREAS AFFECTED BY PRO	, pere 10 pment 30	ppost for Hanning			
12. AREAS AFFECTED BY PRO	DJECT (Cities, Counties, Sta	ites, etc.):			
4A, ORange, Rive	rside Son Ber	ndino Coontiei			
13. PROPOSED PROJECT	14. CONGRESSIONAL DI	PARTIES AND PARTY. AND PARTY.	-	_	- 14
Community Developmen		Locatedia	Suanita M	: Hender-Mc Donal	u 27th
Start Date "Ending Date	a. Applicant		b. Project		
langer - langer	Exodos		Commun	Ity Development	Coco.
15. ESTIMATED FUNDING: 1			16. IS APPLICATION	SUBJECT TO REVIEW BY STA	ATE EXECUTIVE
15. ESTIMATED FUNDING:	10,127,438.	00	ORDER 12372 Pf	ROCESS?	
a. Federal	\$	0	a. YES. THIS PREA	APPLICATION/APPLICATION W	AS MADE
b. Applicant	\$	00	AVAILABLI	E TO THE STATE EXECUTIVE (ORDER 12372
			PROCESS	FOR REVIEW ON:	
c. State	\$	0 .00	DATE 31	July 02	
d. Local	\$	<u> </u>	,	AM IS NOT COVERED BY E. O.	10070
	\$	00		GRAM HAS NOT BEEN SELECT	
e. Other	Þ	\circ	FOR REV		EDDIOIALE
f. Program Income	\$	00			
		<u> </u>	17. IS THE APPLICA	NT DELINQUENT ON ANY FED	
g. TOTAL	\$ 10,127,2	438		attach an explanation.	∭ No
l .	WLEDGE AND BELIEF, AL AUTHORIZED BY THE GO	L DATA IN THIS APPLIC OVERNING BODY OF TH		TION ARE TRUE AND CORRECT HE APPLICANT WILL COMPLY	
ATTACHED ASSURANCES IF		4		In Tolophone Number	MIACOCCI CONTRACTOR CO
a. Type Name of Authorized Rep		b. Title FO		c. Telephone Number 323-47	45

d. Signature of Authorized Representative

e. Date Signed